Sherwood Forest Hospitals NHS Foundation Trust

Review into the Quality of Care & Treatment provided by 14 Hospital Trusts in England

KEY FINDINGS AND ACTION PLAN FOLLOWING RISK SUMMIT

July 2013
1. Overview

A risk summit was held on 9 July 2013 to discuss the findings and actions of the Rapid Responsive Review (RRR) of Sherwood Forest Hospitals NHS Foundation Trust (“the Trust”). This report provides a summary of the risk summit including the Trust response to the findings and an action plan for the urgent priority actions from the RRR discussed. The action plan includes any agreed support required from health organisations, including the regulatory bodies.

Overview of review process

On 6 February 2013 the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics. The 14 NHS trusts which fall within the scope of this review were selected on the basis that they have been outliers for the last two consecutive years on either the Summary Hospital Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR)\(^1\).

These two measures are intended to be used in the context of this review as a ‘smoke alarm’ for identifying potential problems affecting the quality of patient care and treatment at the trusts which warrant further review. It was intended that these measures should not be reviewed in isolation and no judgements were made at the start of the review about the actual quality of care being provided to patients at the trusts.

Key principles of the review

The review process applied to all 14 NHS trusts was designed to embed the following principles:

1) **Patient and public participation** – these individuals have a key role and worked in partnership with clinicians on the reviewing panel. The panel sought the views of the patients in each of the hospitals, and this is reflected in the reports. The Panel also considered independent feedback from stakeholders related to the Trust, received through the Keogh review website. These themes have been reflected in the reports.

2) **Listening to the views of staff** – staff were supported to provide frank and honest opinions about the quality of care provided to hospital patients.

3) **Openness and transparency** – all possible information and intelligence relating to the review and individual investigations will be publicly available.

4) **Cooperation between organisations** – each review was built around strong cooperation between different organisations that make up the health system, placing the interest of patients first at all times.

\(^1\) Definitions of SHMI and HSMR are included at Appendix I of the full Rapid Responsive Review report published here [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)
Terms of reference of the review

The review process was designed by a team of clinicians and other key stakeholders identified by NHS England, based on the NHS National Quality Board guidance on rapid responsive reviews and risk summits. The process was designed to:

- Determine whether there are any sustained failings in the quality of care and treatment being provided to patients at these Trusts.
- Identify:
  - Whether existing action by these Trusts to improve quality is adequate and whether any additional steps should be taken.
  - Any additional external support that should be made available to these Trusts to help them improve.
  - Any areas that may require regulatory action in order to protect patients.

The review followed a three stage process:

- **Stage 1 – Information gathering and analysis**
  
  This stage used information and data held across the NHS and other public bodies to prepare analysis in relation to clinical quality and outcomes as well as patient and staff views and feedback. The indicators for each trust were compared to appropriate benchmarks to identify any outliers for further investigation in the rapid responsive review stage as Key Lines of Enquiry (KLoEs). The data pack for the Trust is published at [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 2 – Rapid Responsive Review (RRR)**
  
  A team of experienced clinicians, patients, managers and regulators, following training, visited each of the 14 hospitals and observed the hospital in action. This involved walking the wards and interviewing patients, trainees, staff and the senior executive team. This report contains a summary of the findings from this stage of the review in section 2.

  The two day announced RRR visit took place at the Trust’s acute hospital site on Monday 17 and Tuesday 18 June 2013 and the unannounced visit was held on the evening of Thursday 20 June 2013. A variety of methods were used to investigate the Key Lines of Enquiry (KLoEs) and enable the panel to analyse evidence from multiple sources and follow up any trends identified in the Trust’s data pack. The KLoEs and methods of investigation are documented in the RRR report for the Trust. A full copy of the report was published on 16 July 2013 and is available online: [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 3 – Risk summit.**
  
  This stage brought together a separate group of experts from across health organisations, including the regulatory bodies (Please see Appendix I for a list of attendees). The risk summit considered the report from the RRR, alongside other hard and soft intelligence, in order to make judgements about the quality of care being provided and agree any necessary actions, including offers of support to the hospitals concerned.

  The Risk Summit was held on 9 July 2013. The meeting was Chaired by Paul Watson, NHS England Regional Director (Midlands and East), and focussed on supporting the Trust in addressing the urgent actions identified to improve the quality of care and treatment. The opening remarks of the Risk Summit Chair and presentation of the RRR key findings were recorded and are available online: [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)
**Conclusions and priority actions**

This was a Trust starting on an improvement journey which the panel recognised. The Trust has new leadership after a period of significant turmoil. However the panel found thirteen issues that required urgent action and were discussed at the risk summit. The concerns were from across all eight KLoE.

The issues of a significant complaint backlog, and a backlog in radiology reporting were identified during the course of the review that were considered by the panel, with the support of the CQC representative on the panel, to need immediate escalation and resolution. Both issues were known to be problems by the Trust.

A key concern for the RRR panel was the significant backlog of complaints at the time of the RRR, including complaints dating back to 2010. Significant concerns were noted around staffing levels at both King’s Mill Hospital and Newark Hospital. Additionally concerns were noted around the nursing skill mix, with trained to untrained nurse ratios low (50:50) on the general wards. There was no evidence of harmed patients as a result of poor staffing.

During the RRR process, the panel observed that a Board level focus on quality and the patient experience was still developing. There was an absence of a strong strategic direction and Trust level working. All the Trust’s strategic plans, for example a clinical strategy or a quality strategy, were either in draft or not yet in place. This was also seen through the absence of a clear strategy for Newark Hospital with no clearly articulated future use for the hospital and best use of the facilities there.

Concerns were identified with the effectiveness of the governance of the hospital. For example there was a governance group meeting at Newark Hospital but this had no clear way to feed into the Trust governance structure, other than send information to three different clinical directorate governance groups as relevant.

There remain concerns to address in some clinical practices too with regards to the high numbers of patient moves, unsatisfactory clinical handovers and an ineffective National Early Warning System (NEWS). Additionally the whistle-blowing policy is not fit for purpose and clinical staff are not back by sufficiently effective support services and structures.

**Next steps**

An action plan was agreed at the risk summit addressing all of the urgent priority actions discussed. Due to time constraints, the Trust and the risk summit chair committed to agreeing the detail of the action plan, primarily timescales, for two areas within one week of the risk summit, being Wednesday 17 July.

As the risk summit had focused on urgent priority actions, the Trust also agreed at the risk summit to provide a detailed action plan to address all outstanding concerns and recommended actions included in the RRR report to the risk summit chair within four weeks of the risk summit, being Wednesday 7 August 2013.

Follow up of the RRR and risk summit action plan will be undertaken by other organisations within the system, including CQC and GMC visits. A formal follow up will consist of a desktop review and a short targeted site visit of one to two days to the Trust in October 2013 reviewing key areas to understand the improvements that have taken place. A report of the follow up findings will be issued to the risk summit attendees and will consider, if there are significant remaining concerns, if there is a need to convene a further risk summit.
2. Summary of Review Findings

Introduction

The following section provides a summary of the RRR panel’s findings and the Trust’s response presented at the risk summit. The detailed findings are contained in the Trust’s RRR Report. The Trust response was presented by Paul O’Connor, Chief Executive, supported by Dr Nabeel Ali, Executive Medical Director, and Susan Bowler, Executive Director of Nursing and Quality. The agreed action plan in response to the urgent priorities is included in the following section.

Background

This was a Trust starting on a journey with the very recent appointments of Chair, Chief Executive and new Non Executive Directors. When the Trust was placed in breach with Monitor for finance and governance in October 2012, a new interim Chair and interim CEO were put in place by Monitor to oversee the actions for improvements of the Trust. The cost of the PFI to the Trusts is a net deficit of around £15million per year which meant financial management was a significant focus. During this time until June 2013, the Trust has had a rapid improvement regime and priorities were made to meet the breach notices, therefore some areas were not adequately given attention, such as patient experience.

Substantive appointments have been made to Board including four new Non Executive Directors commencing in May 2013 and the Chief Executive and Chair taking up their posts on 10 June 2013. The final Non Executive Appointment will become substantive in November 2013 and was acting in a non executive advisor role until that date.

The panel observed that the Trust was welcoming and all staff that the panel met were engaging, committed and loyal to the Trust. Staff were found to be willing to go the extra mile for patient and, even though there are organisational pressures, staff remained loyal, passionate and dedicated. Generally patients felt, that once they were seen, they were given very good care.

The Emergency department was extremely busy on both the announced and unannounced visit with high volumes of patients attending. Although extremely busy the unit seemed calm and well organised with only one observed breach which was for clinical reasons not operational.

Overview of Trust response

The Trust welcomed the review. It recognised the seriousness of the findings and that the review found a number of things it needed to get right along with the recognition of what it was doing well. The Trust also recognised the need to communicate both good practice and areas of outstanding concern to staff. The Trust found the process thorough and fair. It welcomed the participation of staff and patients in the review.

The Trust is in transition because it has been identified as failing in a number of respects. It needs to put in place more robust processes and governance to not be reliant on external reporting to identify issues in the organisation. It accepted all the recommendations in the report and stated that it had the capacity to improve and would look to the process to identify the appropriate support to provide the tools it needed.
### Summary of RRR findings and Trust response

#### 1. Complaints and support staff levels

At the time of the RRR, the Trust had a significant backlog of complaints, including complaints dating back to 2010. During the announced visit, the Trust’s complaints team consisted of two interim staff members reporting to an interim Director who was not a member of the Board. The backlog includes delays in acknowledging complaints.

There was no identified sustainable plan to either address the backlog or prevent the issue reoccurring. During the RRR, a number of issues were identified for which the root cause was inadequate levels of support staff.

**Recommendation**

- The backlog of complaints should be cleared alongside development of a sustainable approach to acknowledging and responding to complaints going forward. This should be lead by a clinical Executive member of the Board.

**Trust response**

The Trust accepted the recommendation and agreed to take the following specific actions:

- The Trust has taken action to reduce the backlog of complaints and plans to clear the backlog from 2012 by the end of the week of the risk summit. Plans are in place to clear the backlog from the first quarter of 2013 by the end of July 2013.
- The Trust is planning to redesign the complaints process supported by monthly reporting of trends and learning by the end of September.
- The Director of Nursing will be the clinical lead for complaints with immediate effect.

The risk summit requested that the redesign of the complaints process engage consultants in the process, integrate PALS and complaints and that patients be involved in the redesign. The Trust accepted the proposals.

#### 2. Nursing and medical staffing levels and nurse skill mix

Significant concerns were noted around staffing levels at both King’s Mill Hospital and Newark Hospital, particularly out of hours. At King’s Mill Hospital, concerns noted were made more significant by the design of the hospital which, on many wards, prevented staff visibility of patients from central areas.

At Newark Hospital, the consultant cover was a concern as both medicine speciality consultants with in-patients visited the hospital on the same days of the week (Tuesday and Thursday). Out of hours the staffing structure of a single doctor for both Minor Injuries Unit (MIU) and, if needed, the inpatients, was considered to be in need of review. This has led to instances, in the last year, due to sickness, of there being no medical cover at the hospital overnight. It was also noted that there may not be surgical cover overnight at Newark Hospital despite the surgical activity that is undertaken at the hospital during the week. Furthermore, staffing of a single anaesthetist and surgeon for surgery during the day may not provide adequate cover if there are complications.

The above was all identified alongside the Trust cost improvement plan requiring a reduction in staffing in 2013/14.
2. Nursing and medical staffing levels and nurse skill mix

It was further noted that the Trust stated that nurse trained to untrained ratios were currently 50:50 on the general wards. The minimum that the RRR panel would expect is 60:40 with a preference for 65:35.

Recommendations

- Immediate review staffing levels at both King’s Mill and Newark Hospitals. The review at King’s Mill should consider the acuity of patients on the wards, including outliers, and the layout of the hospital, through benchmarking with other PFI hospitals. Both reviews should take into account for staff sickness, with particular review at Newark with the lower levels of staffing there. The review should include understanding of workforce in relation to patient experience and safety, for example are workforce levels impacting mortality or patient falls and safety.

- A review of the nursing skill mix with immediate plans to ensure that the skill mix in place is adequate to provide safe patient care. To utilise national and professional benchmarks to determine appropriate levels, also taking account of the facilities and environment at each hospital. To also ensure attention is paid to the recommendations and findings of the Francis report.

- A workforce strategy should be developed as a result and this should include policies on appropriate use of agency and locum staff ensuring that they are not putting the hospital at risk. This should also include adequate support for junior staff. The Trust to consider expanding the role of Health Care Assistants to train them formally to provide more of a support role to nurses.

Trust response

The Trust accepted the recommendations and agreed to take the following specific actions:

- To present nursing staffing and establishment recommendations to the Trust Board in September 2013 with support through professional advice from NHS England Regional Chief Nurse as agreed prior to the risk summit.

The risk summit requested that the Trust obtain immediate assurance over staffing levels and skill mix in the short term ensuring that there are both appropriate levels of staff and appropriate supervision for untrained staff out of hours. This was agreed through immediate action from the Trust’s Director of Nursing and CCG providing support through unannounced visits. It was agreed that the Trust would identify acceptable nursing staffing levels for each ward and ensure that these are met.

- Roll out of intentional rounding across the Trust.

The risk summit requested that this be implemented more quickly and an implementation date was agreed of the end of August 2013. The risk summit recommended that the Trust consider implementation integrated with care bundles which was been successful elsewhere and supported a more effective implementation.

It was agreed that actions relating to staffing levels at Newark Hospital specifically would be included in the action plan against Issue 5.
3. Fluid management

Throughout the RRR, the panel identified concerns with fluid management throughout the Trust, through observations and speaking with patients. Review of fluid charts identified issues with the majority reviewed including: no records of fluid for patients for a over a day; fluid records not completed; patients not being risk assessed for fluid on arrival; and fluid balance charts not being totalled.

In addition, the ‘Red Jug’ initiative being used for patients with a need for assistance with fluid was not observed to be effective – many patients with an apparent need for assistance had not been identified.

**Recommendation**

- Training supported by frequent audits of fluid management processes and improvements in fluid management.

**Trust response**

The Trust accepted the recommendation and agreed to take the following specific actions:

- Nursing induction/ development days will be revised to strengthen hydration and nutrition. Protected mealtimes, red tray and red jug initiatives to be revised and re-launched. Senior clinical champions identified as the Deputy Director of Nursing and Deputy Medical Director.

The risk summit accepted the Trust’s proposals but requested the action plan also include actions to track success with an assurance process to ensure that actions are having the required outcomes. The additional action was accepted by the Trust. It was agreed that NHS England would facilitate the sharing with the Trust of good practice in fluid management from other trusts.

4. Strategic direction

Whilst the panel observed a number of good practices throughout the Trust, these appeared to be ward level specific and silo-ed. There was an absence of a strong strategic direction and Trust level working. This was confirmed by interviews with nurses as wards appeared to work in silos and no one having an umbrella role across the Trust.

All the Trust’s strategic plans and strategies were either in draft or not yet in place. There were no robust clinical or quality strategies in place at the Trust at the time of the RRR. The Trust had no nursing strategy and nurses attending the focus group were unclear as to the strategic priorities and their contribution to improving standards and quality.

Whilst the Mid Nottinghamshire Review was underway across the local healthcare economy, the strategy lacked the full engagement of a tertiary centre. Without this the options for the Trust are limited.

**Recommendations**

- The Trust needs to determine and clearly articulate and communicate its strategic direction.
4. Strategic direction

- Immediate discussions with the CCG to consider including Nottingham University Hospitals as a full partner in the Mid Nottinghamshire Review.

**Trust response**

The Trust accepted the recommendations and agreed to take the following specific actions:

- Development of the Trust’s Clinical Strategy to achieve Monitor’s October deadline. This includes clinical representation and divisional leadership as well as the Director of Nursing and Medical Director. Communication and engagement strategy planned to share the strategic direction within the Trust.
- Draft Nursing Strategy to be consulted with ward and senior leaders on 15 July 2013. Nursing Strategy to be launched as part of a “celebration of nursing” week in October 2013.
- The Trust plans to review and update a number of supporting strategies during 2013/14 including IT, Estates, Communications, Research and Innovation, Workforce and Organisational Development strategies.

The risk summit stressed the need for the engagement of commissioners in strategic planning and the Mid Nottinghamshire Review setting the framework. An additional action was agreed with the Area Team to complete an alignment review to ensure that these will be completed in time to enable the Trust to meet its October submission deadline.

The CCG confirmed that Nottingham University Hospitals, whilst not involved in the diagnostic, are now a full partner in the Mid Nottinghamshire Review.

5. Newark Hospital – strategy, facilities and governance

There was an absence of a clear strategy for Newark Hospital with no clearly articulated future use for the hospital and best use of the facilities there.

Major operations (joint replacements) are carried out at Newark Hospital including on a Friday morning. These operations have the potential for serious complications and the hospital does not have adequate facilities should serious complications arise. For example, there is no blood bank at the hospital.

Concerns were identified with the effectiveness of the governance of the hospital. A governance group meeting at Newark Hospital had an apparent self review agenda with no clear way for this group to feed into the Trust governance structure other than send information to three different governance groups as relevant. There was limited Executive engagement with Newark Hospital with staff there speaking of limited executive presence at the site.

**Recommendations**

- The Trust needs to determine and clearly articulate and communicate its strategic direction on the use of the facilities at Newark Hospital. Ensure that the facilities are adequate for the services to be provided at Newark and keep under constant review to provide ongoing assurance.
- The Newark strategy needs to determine the future of the hospital working with the wider health community and social care and the public.
- In view of the concerns about the safety of care at Newark Hospital, it should be identified as a separate site within the Trust governance structures. The Executive
5. Newark Hospital – strategy, facilities and governance

lead for Newark Hospital needs to be more visible at the hospital and the responsibility clearly communicated throughout the Trust.

- In view of the on-going concerns about mortality rates for Newark residents, the CCG and Trust need to set up a group to review the data and understand if there are any underlying concerns that should be addressed.

Trust response

The Trust accepted the recommendations and agreed to take the following specific actions:

- Newark strategy group re-established with new stakeholders and a stakeholder event organised for 24 July 2013 to devise the strategy for Newark Hospital. This will include the CCG, local authority, patients and the Trust. Plan to publish and implement the Newark Strategy once developed.
  The risk summit agreed that the action would include communication and engagement alongside the strategy. It was also confirmed that the alignment review would include consideration of the Newark Strategy.

- A plan has been implemented to provide medical cover at Newark in instances of sickness. Medical cover at Newark to be reviewed, including Minor Injuries Unit (MIU), surgery and medical wards at middle grade and consultant level to ensure safety.
  The risk summit requested that the action plan reflect that the medical review at Newark cover both cover during the day and out of hours and that it include consultant rounds throughout the week rather than being limited to only two days in a week. The proposals were agreed. The Trust agreed to the request that the medical staffing review at Newark would include surgery, anaesthetists, procedures and MIU.
  A more urgent action was agreed to provide assurance whilst the medical review was being completed. The Trust agreed to immediately review the impact of the facilities on patient safety over the last six months and to agree the action plan resulting from that review with NHS England.

  NHS England agreed to provide support through facilitating an external surgical opinion to the medical review for the Trust.

- A mortality group has been established to review Newark mortality and address concerns. A review of procedures and outpatient work will be undertaken at Newark including mapping of days of the week. Newark Hospital MIU staffing arrangements will be reviewed. Site specific metrics will be reported to monitor the Hospital.
  The CCG will commission an independent study into mortality and the impact on Newark residents.

- Governance arrangements for Newark Hospital will be reviewed as part of the Trust Governance Action Plan to ensure management arrangements and reporting structures are robust.

- The choice of surgical procedures being undertaken would be reviewed by an Independent surgeon in the next two weeks, with NHS England to recommend a suitable reviewer.
6. Development of a focus on quality at Board level

During the RRR process, the panel observed that that Board level focus on quality and the patient was still developing. A number of plans were described by members of the Board as being required by Monitor, rather than being needed for improved levels of quality and safety, and there was recognition that the Trust has historically been focused on finance rather than quality.

The quality governance framework was seen as a parallel exercise by the Programme Management Office opposed to embedding as a collective Board responsibility.

Recommendation

- The Board must set a tone from the top of the focus on quality and the patient. The current focus on mortality to be widened to consider quality and safety. Sufficient time should be given to quality at the Board.

Trust response

The Trust accepted the recommendation and agreed to take the following specific actions:

- Trust Board meetings are to be held in public going forward and a comprehensive development programme implemented for the Board commencing July 2013. The Board and quality governance are to be shaped around the quality governance framework and a Quality Strategy to be developed.

The risk summit requested that the development of the Quality Strategy include both an assurance framework and implementation plan and these proposals were accepted by the Trust. Health Education England offered support in developing quality indicators, which was accepted by the Trust.

7. Ward performance information and organisational learning

Concerns were noted around performance information including the absence of ward level performance measures and information. Staff were generally unable to articulate performance levels on their own wards, for example the number of falls on the ward in the last month. Interviews with staff generally identified that staff were unaware of performance levels and did not feel ownership of them. Examples were noted during observations of out of date ward performance measures on display or template reports with no information / data displayed.

Concerns were noted with the processes in place for organisational learning.

Recommendations

- Consistent ward dashboards across the Trust presenting relevant ward level performance measures and up to date performance achieved. These should be supported by ward level assurance processes to ensure the accuracy of the data, for example quarterly data audits.

- Systems to ensure organisational learning from good practice, concerns and incidents lead by an Executive Director.
7. Ward performance information and organisational learning

**Trust response**

The Trust accepted the recommendation and agreed to take the following specific actions:

- A task group has been put in place to review the ward boards and a Trust and divisional dashboard developed. A monthly ward assurance matrix is being produced and specialty / governance forums are being strengthened. In conjunction with strengthened divisional monitoring, to initiate a patient safety steering group to collectively review performance and share learning.

The risk summit requested actions to ensure that ward dashboards are used consistently across the Trust on all wards (and which are up to date). Additionally the Trust should put in place a structure so that the performance information can be discussed by with ward staff of all levels, enabling opportunities for learning. The Trust accepted the proposals.

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8. Concerns over patient locations and high numbers of patient moves

During the RRR process, concerns were identified over the number of patient moves and outliers within the Trust that impacted the quality of care. Observations included:

- A high number of outlying patients, indicating a culture of acceptance of outliers.
- Patients were not located in appropriate wards or hospitals, including cases that suggested the use of Newark Hospital based on the home address of the patient rather than the condition presented.
- Medical outliers placed on an orthopaedic ward due to winter pressures were still being located in the orthopaedic ward during the RRR visit in June 2013.
- Elective admissions waiting in the waiting room and, in one instance observed, in a matron's office due to beds not being available for the patients.

It was further noted by junior doctors interviewed that it was difficult to track outlier patients and that patients often “got lost”.

**Recommendation**

- Risk assess all patients prior to move or transfer supported by appropriate training for staff.

**Trust response**

The Trust accepted the recommendation and agreed to take the following specific actions:

- The Trust will ensure that, where a patient move is required, a risk assessment is completed prior to the move taking place. Root cause analysis to be completed of any patient moves without a risk assessment.
- Bed modelling information to be used to ensure correct Trust capacity requirements.

It was agreed that the Trust would define ambitions for patient moves and outliers to enable it to measure success.
### 9. Handovers

It was identified that ward staff only had 20 minutes to hand over patients on shift changes. Observation of a handover during the unannounced saw that ward staff had to split into two teams for the handover period to enable there to be sufficient time to handover all the patients on the ward. This meant no one had an overview of all the patients on the ward and each half of the ward was being effectively staffed by only one trained nurse member and one untrained.

**Recommendation**

- Review of handover times to ensure there is time to handover all patients on the ward adequately.

**Trust response**

The Trust accepted the recommendation and agreed to take the following specific actions:

- All clinical handovers (clinical and departmental) are being reviewed and improved. Handover times to be reviewed as part of the nursing staffing levels and establishment review and the new model of handover will be incorporated into the nursing skill mix proposal. This review will happen by the end of September.

The risk summit requested further action to ensure that ward staff have more time to handover and particularly that the ward lead has an overview of all patients on the ward. More immediate action was agreed.

### 10. Patient experience

A number of examples of poor patient experience were identified during the RRR, including:

- Limited use of the prominent ward display boards to inform patients and their families/carers about relevant matters such as patient safety, who to turn to on the ward with their request/question etc.
- Staff had security badges at waist height but very few staff were observed to be wearing name badges during the RRR and patients spoke of being unaware of who was caring for them.
- Phlebotomy procedures were observed on one ward to be taking place in full view of the ward as the privacy curtain was not pulled across.
- Buzzers were observed to be going unanswered.
- On some wards, poor attention to oral hygiene/care was observed.

The Trust did not appear to have a patient engagement strategy or systems to engage with and obtain feedback from patients and act upon it. Concerns were raised by patients and the public attending the listening event held at King’s Mill Hospital, which included the following examples:

- Concerns over time taken to respond to complaints and complaints not being acknowledged.
- Delays in follow up as clinic letters and letters to GPs were delayed.
- Pain management and medicines management concerns.
10. Patient experience

- The Trust policy of protected meal times prevented patients’ families from helping feed their relatives.

Recommendation

- Trust to develop a patient experience and engagement strategy with processes and systems to ensure effective collecting and responding to patient feedback, both positive and where areas of improvement are identified.

Trust response

The Trust accepted the recommendation and agreed to take the following specific actions:

- Patient experience strategy is being written in partnership with staff, patients, carers and governors. A comprehensive review of front house services will be undertaken with a Non Executive Director lead experienced in customer care. The trust will look outside of the NHS for best practice around customer experience.

The risk summit accepted the strategic approach proposed by the Trust and agreed that the strategy would also include engagement as well experience and be proactive in its approach.

11. National Early Warning System (NEWS) roll out

At the time of the visit, NEWS had been introduced at the Trust and staff interviewed spoke of the revised process. The only policy that the RRR panel identified was the old policy in tracked changes – no revised policy was identified to support the introduction of a revised process.

Recommendation

- An updated, comprehensive NEWS policy should be developed and communicated to staff.

Trust response

The Trust has accepted the recommendation and agreed to take the following specific actions:

- Revised draft policy was sent for consultation with a deadline of 5 July 2013. The revised observation and early warning policy to be published in August 2013 supported by observations audits to identify gaps, issues and good practice. Audit results to inform subsequent training programmes.

The risk summit accepted the proposed action and stressed that it must include Newark Hospital.
12. Whistle blowing policies

The whistle blowing policy contained no approval or review date. The policy also appeared to imply that staff who blew the whistle would be monitored as it contained the statement “A file of any whistle-blowing concern will be kept on the member of staff’s personal file”.

Recommendations

- Staff who raise concerns through Whistle-blowing channels should not be monitored. The policy should be updated to confirm this.

Trust response

The Trust has accepted the recommendation and agreed to take the following specific actions:

- The policy has been reviewed and amended to ensure that staff do not perceive that they will be monitored if they blow the whistle. A revised policy will be submitted to the Trust Board for approval at the September meeting.
- The revised policy will be publicised across the Trust, clearly articulating the role of staff in raising concerns and the responsibilities of managers in supporting staff.

The risk summit accepted the Trust’s proposed actions.

13. Supporting structures and services

A number of concerns were noted with the infrastructure in place and use of it to support good patient flow and good quality care, including:

- Patients were experiencing significant delays in receiving discharge letters and clinic appointments.
- The Trust has over 2,000 GP plain films or Neurological MRIs to be reported on as stated at the Clinical Governance & Quality Committee in June 2013.

Recommendation

- Support staff levels and roles to be reviewed. Sustainable plans to be put in place for discharge letters, clinical appointments and radiology reporting. Increase in the pace of change to address the backlogs.

Trust response

The Trust has accepted the recommendation and agreed to take the following specific actions:

- The Trust’s action plan for reducing the backlog for radiology reporting has been urgently reviewed and a new plan with contingency arrangements is now in place. The backlog has been risk stratified and all high risk scans were reported over the final weekend in June 2013. The backlog will be monitored weekly and will be escalated if the backlog is increasing.

The risk summit accepted the Trust’s proposals for clearing the backlog and agreed further actions to understand the implications of the backlog on patient care and safety along with action to prevent the issue reoccurring. Actions were also requested in relation to the delays in discharge letters and clinic appointments including clearing the backlog, identifying standards and monitoring and assurance processes.
3. Risk Summit Action Plan

Introduction

The risk summit developed an outline plan focused on the urgent priority actions from the RRR report. No information in addition to the RRR report was presented at the risk summit.

The following section provides an overview of the issues discussed at the risk summit with the developed action plan containing the agreed actions, owners, timescales and external support. This is followed by details of the agreed next steps following the risk summit.

Issues and action plan

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<td>Director of Nursing to be the executive clinical lead for complaints.</td>
<td>Trust</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Backlog of complaints to be cleared.</td>
<td>Trust</td>
<td>By end of July 2013</td>
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<td></td>
<td>Redesign the complaints process including:</td>
<td>Trust</td>
<td>Proposed process by August 2013 Board meeting</td>
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<td></td>
<td>• Involving patients in the redesign;</td>
<td></td>
<td>Agreed process by September 2013 Board meeting</td>
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<td></td>
<td>• Appropriate resource for the process;</td>
<td></td>
<td>Implementation by end of September 2013</td>
</tr>
<tr>
<td></td>
<td>• Integration of PALS and complaints; and</td>
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<td></td>
<td>• A revised process that engages consultants.</td>
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<td></td>
<td>Trust to identify acceptable nursing levels for each ward and Director of Nursing to provide immediate assurance that these levels are being met out of hours and that there is appropriate supervision in place for untrained staff.</td>
<td>Trust – Director of Nursing</td>
<td>Immediate until full nursing staffing review implemented.</td>
</tr>
<tr>
<td><strong>2. Nursing and medical staffing levels and nurse skill mix</strong></td>
<td>Trust – Director of Nursing to provide immediate assurance that these levels are being met out of hours and that there is appropriate supervision in place for untrained staff.</td>
<td>Trust – Director of Nursing</td>
<td>Immediate until full nursing staffing review implemented.</td>
</tr>
<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
<td>Owners</td>
<td>Timescales</td>
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<tr>
<td>At King’s Mill Hospital, concerns noted were made more significant by the</td>
<td>Intentional rounding to be implemented across the Trust.</td>
<td>Trust</td>
<td>By end of August 2013.</td>
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<tr>
<td>design of the hospital which, in a number of areas, prevented staff</td>
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<tr>
<td>visibility of patients from central desks.</td>
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<tr>
<td>At Newark Hospital, the consultant cover was a concern as both medicine</td>
<td>CCG programme of unannounced visits to provide assurance over the adequacy of out of hours staffing</td>
<td>CCG</td>
<td>Commence by the end of the month</td>
</tr>
<tr>
<td>speciality consultants with in-patients visited the hospital on the same</td>
<td>levels.</td>
<td></td>
<td>and continue until full nursing</td>
</tr>
<tr>
<td>days of the week (Tuesday and Thursday). Out of hours the staffing</td>
<td></td>
<td></td>
<td>staffing review implemented.</td>
</tr>
<tr>
<td>structure of a single doctor for both (Minor Injuries Unit) MIU and, if</td>
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<td>needed, the inpatients, was considered to be too low. This has led to</td>
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<tr>
<td>instances, in the last year, due to sickness, of there being no medical</td>
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<td>cover at the hospital overnight. It was also noted that there may not be</td>
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<tr>
<td>surgical cover overnight at Newark Hospital despite the surgical activity</td>
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<tr>
<td>that is undertaken at the hospital during the week. Furthermore, staffing</td>
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<tr>
<td>of a single anaesthetist and surgeon for surgery may not provide</td>
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<tr>
<td>adequate cover if there are complications.</td>
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<td>The above was all identified alongside the Trust CIP to reduce staffing in</td>
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<td>2013/14.</td>
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<tr>
<td>It was further noted that the Trust stated that nurse trained to untrained</td>
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<tr>
<td>ratios were currently 50:50 on the general wards. The minimum that the</td>
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<tr>
<td>RRR panel would expect is 60:40 with a preference for 65:35.</td>
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<tr>
<td>3. Fluid management</td>
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<tr>
<td>Throughout the RRR, the panel identified concerns with fluid management</td>
<td>Actions to improve fluid management to be implemented. These are to include:</td>
<td>Trust</td>
<td>Within 4 weeks (by 6 August</td>
</tr>
<tr>
<td>throughout the Trust, through observations and speaking with patients.</td>
<td>- Training through induction / development days to strengthen nutrition and hydration.</td>
<td></td>
<td>2013)</td>
</tr>
<tr>
<td>Review of fluid charts identified issues with the majority reviewed</td>
<td>- Protected mealtimes, red tray and red jug policy to be revised and re-launched.</td>
<td></td>
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<tr>
<td>including: no records of fluid for patients for a over a day; fluid</td>
<td>- Communications campaign on fluid management and red jug scheme.</td>
<td></td>
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<tr>
<td>records not completed; patients not being risk assessed for fluid on</td>
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<tr>
<td>arrival; and fluid balance charts not being totalled.</td>
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<td></td>
<td></td>
<td>NHS England</td>
<td>Trust September 2013 Board meeting</td>
</tr>
<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
<td>Owners</td>
<td>Timescales</td>
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<tr>
<td>In addition, the ‘Red Jug’ initiative being used for patients with a need for assistance with fluid was not observed to be effective — many patients with an apparent need for assistance had not been identified.</td>
<td>Assurance model implemented that is fit for purpose to provide evidence that actions are improving fluid management. NHS England to provide support through facilitating sharing of good practice with the Trust.</td>
<td>Trust</td>
<td>By end of August 2013</td>
</tr>
<tr>
<td><strong>4. Strategic direction</strong></td>
<td>Clinical Strategy to be developed and submitted to Monitor based on clear commissioning intentions within the Mid Nottinghamshire Review agreed framework. Alignment review providing assurance that the Mid Nottinghamshire Review and commissioning intentions timetable aligns to the Trust’s deadline of October 2013 for submission of its Clinical Strategy. Nursing Strategy to be published.</td>
<td>Trust</td>
<td>October 2013</td>
</tr>
<tr>
<td>Whilst we observed a number of good practices throughout the Trust, these appeared to be ward level specific and silo-ed. There was an absence of a strong strategic direction and Trust level working. This was confirmed by a number of nurses interviewed who felt like wards worked in silos and no-one had an umbrella role across the Trust. All the Trust’s strategic plans and strategies were either in draft or not yet in place. There were no robust clinical or quality strategies in place at the Trust at the time of the RRR. The Trust had no nursing strategy and nurses attending the focus group were unclear as to the strategic priorities of the Trust and their contribution to improving standards and quality. It was also unclear how the Trust was engaging with their local healthcare economy. Furthermore, the panel saw limited engagement with staff and the local population on strategy. Whilst the Mid Nottinghamshire Review was underway across the local healthcare economy, the strategy lacked the full engagement of a tertiary centre. Without this the options for the Trust are limited.</td>
<td>Supporting strategies to be reviewed and updated to be aligned to the Clinical Strategy. These are to include IT, Estates, Communications, Research and Innovation, Workforce and Organisational Development strategies. Nottingham University Hospitals to be a full partner in the Mid Nottinghamshire Review.</td>
<td>Trust</td>
<td>TBC following Clinical and Quality Strategies (timescales to be agreed by 16 July 2013)</td>
</tr>
<tr>
<td><strong>5. Newark Hospital – strategy, facilities and governance</strong></td>
<td>Newark Strategy to be developed through stakeholder event organised for 24 July 2013 involving CCG, local authority, patients and the Trust. To include communication and engagement strategies.</td>
<td>Trust</td>
<td>October 2013</td>
</tr>
<tr>
<td>There was an absence of a clear strategy for Newark Hospital with no clearly articulated future use for the hospital and best use of the facilities there.</td>
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<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
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<tr>
<td>Major operations (joint replacements) are carried out at Newark Hospital including on a Friday morning. These operations have the potential for serious complications and the hospital does not have adequate facilities should serious complications arise. For example, there is no blood bank at the hospital.</td>
<td>Alignment review action above to include Newark Strategy.</td>
<td>Area Team</td>
<td>By 19 July 2013</td>
</tr>
<tr>
<td></td>
<td>Review of staffing arrangements at Newark Hospital including anaesthetists review.</td>
<td>Trust</td>
<td>By end of July 2013</td>
</tr>
<tr>
<td>Concerns were identified with the effectiveness of the governance of the hospital with a governance group meeting at Newark Hospital but with an apparent self review agenda and no clear way for this group to feed into the Trust governance structure other than send information to three different governance groups as relevant. There was limited Executive engagement with Newark Hospital with staff there speaking of limited executive presence at the site.</td>
<td>Cover arrangements implemented to ensure that, even in cases of sickness, there is doctor cover at Newark overnight every night. Review of medical arrangements at Newark to consider adequacy. To include review of day and out of hours cover. To include change of consultant round timings to provide consultant rounds five days a week. Review to cover surgery, procedures and MIU. NHS England to support the review by facilitating external surgical input.</td>
<td>Trust</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Immediate review as to whether the facilities at Newark have detrimentally impacted on patient safety over the last six months. Agreement of required action plan arising from the results of the review with Dr David Levy, NHS England Regional Medical Director. Review governance arrangements at Newark Hospital as part of the Trust Governance Action Plan to ensure that management arrangements and reporting structures are robust.</td>
<td>Trust</td>
<td>External support confirmed by 23 July 2013</td>
</tr>
<tr>
<td></td>
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<td>NHS England</td>
<td>Review by end of July 2013</td>
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<td></td>
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<td>Trust</td>
<td>External validation by end of August 2013</td>
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<tr>
<td></td>
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<td>NHS England</td>
<td>12 July 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trust</td>
<td>Within three months (mid October 2013)</td>
</tr>
<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
<td>Owners</td>
<td>Timescales</td>
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<tr>
<td></td>
<td>CCG to commission independent study into mortality and the impact on Newark residents.</td>
<td>CCG</td>
<td>Terms of reference to be agreed on 15 July 2013</td>
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<tr>
<td></td>
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<td></td>
<td>Results of study to be published by end of August 2013</td>
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<tr>
<td></td>
<td>The choice of surgical procedures being undertaken would be reviewed by an Independent surgeon. Panel will ask head of surgery from regional hospital to come and examine the safety of issue around the identification of safe surgeries.</td>
<td>Trust</td>
<td>Review by end of July 2013</td>
</tr>
<tr>
<td><strong>6. Development of a focus on quality at Board level</strong></td>
<td>Comprehensive development programme for the Board.</td>
<td>Trust</td>
<td>Commencing 11 July 2013</td>
</tr>
<tr>
<td></td>
<td>Quality strategy to be developed including assurance framework and implementation plan.</td>
<td>Trust</td>
<td>Trust September Board meeting</td>
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<tr>
<td><strong>7. Ward performance information and organisational learning</strong></td>
<td>Ward dashboards to be in place in all wards containing up to date information.</td>
<td>Trust</td>
<td>From July 2013</td>
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<tr>
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<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
<td>Owners</td>
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<tr>
<td>absence of ward level performance measures and information. Staff were generally unable to articulate performance levels on their own wards, for example the number of falls on the ward in the last month. Interviews with staff generally identified that staff were unaware of performance levels and did not feel ownership of them. Examples were noted during observations of out of date ward performance measures on display on wards or template reports with no information / data displayed. Concerns were noted with the processes in place for organisational learning.</td>
<td>Process for discussion of results with ward staff at all levels for learning to be agreed with NHS England along with timescales</td>
<td>Trust, NHS England</td>
<td>16 July 2013</td>
</tr>
<tr>
<td>8. Concerns over patient locations and high numbers of patient moves</td>
<td>Bed modelling to ensure correct forecast capacity requirements are identified.</td>
<td>Trust</td>
<td>By end of July 2013</td>
</tr>
<tr>
<td>During the RRR process, concerns were identified over the number of patient moves and outliers within the Trust.</td>
<td>The Trust will ensure that where a patient move is required that a risk assessment is completed prior to the move taking place.</td>
<td>Trust</td>
<td>From July 2013</td>
</tr>
<tr>
<td></td>
<td>Targets to be defined and communicated for ambitions for maximum bed moves and outliers.</td>
<td>Trust</td>
<td>By Trust September Board meeting</td>
</tr>
<tr>
<td>9. Handovers</td>
<td>Ward handover arrangements to be reviewed as part of the nursing staffing levels and establishment review.</td>
<td>Trust</td>
<td>Trust September 2013 Board meeting</td>
</tr>
<tr>
<td>It was identified that ward staff only had 20 minutes to hand over patients on shift changes. Observation of a handover during the unannounced saw that ward staff had to split into two teams for the handover period to enable there to be sufficient time to handover all the patients on the ward. This meant no one had an overview of all the patients on the ward and each half of the ward was being effectively staffed by only one trained nurse member and one untrained.</td>
<td>As part of immediate review into staffing levels, ensure appropriate handover times and that the ward lead has knowledge of all patients on the ward</td>
<td>Trust – Director of Nursing</td>
<td>10 July 2013</td>
</tr>
<tr>
<td>Key issues</td>
<td>Agreed actions and support required</td>
<td>Owners</td>
<td>Timescales</td>
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<tr>
<td><strong>10. Patient experience</strong></td>
<td>Patient experience and engagement strategy to be written in partnership with staff, patients, carers and governors. To be proactive in its approach to engaging with patients and their families and carers.</td>
<td>Trust</td>
<td>By end October 2013</td>
</tr>
<tr>
<td>A number of examples of poor patient experience were identified during the RRR. The Trust did not appear to have a patient engagement strategy or systems to engage with and obtain feedback from patients and act upon it.</td>
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<tr>
<td><strong>11. NEWS roll out</strong></td>
<td>Revised observation and early warning policy to be published in August 2013 and disseminated to all staff, ensuring that staff at Newark Hospital are also aware of the revised policy. Training to support the revised policy to be delivered to all relevant staff, including those at Newark Hospital. Audit process implemented to ensure every ward is compliant with the policy.</td>
<td>Trust</td>
<td>August 2013</td>
</tr>
<tr>
<td>At the time of the visit, NEWS had been introduced at the Trust and staff interviewed spoke of the revised process. The only policy that the RRR panel identified was the old policy in tracked changes – no revised policy was identified to support the introduction of a revised process.</td>
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<tr>
<td><strong>12. Whistle blowing policy</strong></td>
<td>The policy has been reviewed and amended to ensure that staff do not perceive that they will be monitored if they blow the whistle. A revised policy will be submitted to the Trust Board for approval at the September meeting.</td>
<td>Trust</td>
<td>Trust September 2013 Board meeting</td>
</tr>
<tr>
<td>The whistle blowing policy contained no approval or review date. The policy also appeared to imply that staff who blew the whistle would be monitored as it contained the statement “A file of any whistle-blowing concern will be kept on the member of staff’s personal file”.</td>
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<tr>
<td><strong>13. Supporting structures and services</strong></td>
<td>Clear the backlog of radiology reporting. Root cause analysis review to identify the causes of the radiology backlog.</td>
<td>Trust</td>
<td>By end of July 2013</td>
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<tr>
<td>A number of concerns were noted with the infrastructure in place and use of it to support good patient flow and good quality care, including:</td>
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<td>- Patients were experiencing significant delays in receiving discharge</td>
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<tr>
<td>letters and clinic appointments.</td>
<td>Review the impact of the radiology backlog on patient care and safety.</td>
<td>Trust</td>
<td>TBC (timescales to be agreed by 16 July 2013)</td>
</tr>
<tr>
<td>The Trust has over 2,000 GP plain films or Neurological MRIs to be</td>
<td>Terms of reference for the review to be agreed with commissioners.</td>
<td>CCG</td>
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<tr>
<td>reported on as stated at the Clinical Governance&amp; Quality Committee in</td>
<td>Development of actions to prevent the radiology backlog issue reoccurring. This should include clear</td>
<td>Trust</td>
<td>TBC (timescales to be agreed by 16 July 2013)</td>
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<tr>
<td>June 2013.</td>
<td>and explicit standards against which performance should be measured.</td>
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<tr>
<td></td>
<td>Similar actions to the radiology reporting to be agreed for discharge letters and clinic appointments.</td>
<td>Trust</td>
<td>16 July 2013</td>
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<td>NHS England</td>
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Appendices
## Appendix I: Risk Summit Attendees

<table>
<thead>
<tr>
<th>Risk summit role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Risk Summit Chair&lt;br&gt;NHS England Regional Director (Midlands and East)</td>
<td>Paul Watson</td>
</tr>
<tr>
<td>RRR Panel Chair&lt;br&gt;NHS England Regional Medical Director (Midlands and East)</td>
<td>Dr David Levy</td>
</tr>
<tr>
<td>RRR Panel Representative – Nurse</td>
<td>Liz Rix</td>
</tr>
<tr>
<td>RRR Panel Representative – Lay Representative (Public / Patient Representative)</td>
<td>Jenny Cairns</td>
</tr>
<tr>
<td>RRR Panel Representative – Senior Regional Support</td>
<td>Finola Munir</td>
</tr>
<tr>
<td>RRR Panel Representative – Senior Regional Support</td>
<td>Graeme Jones</td>
</tr>
<tr>
<td>Trust Chief Executive</td>
<td>Paul O'Connor</td>
</tr>
<tr>
<td>Trust Director of Nursing</td>
<td>Susan Bowler</td>
</tr>
<tr>
<td>Trust Medical Director</td>
<td>Nabeel Ali</td>
</tr>
<tr>
<td>NHS England, Regional Dir Ops and Delivery</td>
<td>Sarah Pinto-Duschinsky</td>
</tr>
<tr>
<td>NHS England, Regional Chief Nurse</td>
<td>Ruth May</td>
</tr>
<tr>
<td>NHS England, Regional Deputy Director of Nursing</td>
<td>Sylvia Knight</td>
</tr>
<tr>
<td>NHS England, Regional Deputy Director of Nursing</td>
<td>Lyn McIntyre</td>
</tr>
<tr>
<td>Area Team Director</td>
<td>Derek Bray</td>
</tr>
<tr>
<td>Area Team Medical Director</td>
<td>Doug Black</td>
</tr>
<tr>
<td>CCG Chief Officer</td>
<td>Amanda Sullivan</td>
</tr>
<tr>
<td>CCG Executive Nurse</td>
<td>Elaine Moss</td>
</tr>
<tr>
<td>CQC Regional Director</td>
<td>Andrea Gordon</td>
</tr>
<tr>
<td>Risk summit role</td>
<td>Name</td>
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</tr>
<tr>
<td>CQC Representative</td>
<td>Deanna Westwood</td>
</tr>
<tr>
<td>Monitor Representative</td>
<td>Adam Cayley</td>
</tr>
<tr>
<td>Monitor Representative</td>
<td>Jay Mistry</td>
</tr>
<tr>
<td>Healthwatch Representative</td>
<td>Claire Grainger</td>
</tr>
<tr>
<td>Health Education England Representative</td>
<td>Trish Knight</td>
</tr>
<tr>
<td>General Medical Council Representative</td>
<td>Ian Whittle</td>
</tr>
<tr>
<td>Independent moderator</td>
<td>Rachel Vokes</td>
</tr>
<tr>
<td>Recorder</td>
<td>Charlie Clover</td>
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<tr>
<td>Observer</td>
<td>Professor Sir Mike Richards</td>
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</tbody>
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